

DO YOU REQUIRE A SPECIAL DIET Y ☒ N

DO YOU USE TOBACCO ☒ Y N

DO YOU USE STREET DRUGS ☒ Y N

mj for a daily for 4 days

ALCOHOL USE Y ☒ N

HAVE YOU HAD ALCOHOLIC SEIZURES OR DT'S ☒ Y N

HAVE YOU EVER ATTEMPTED SUICIDE ☒ Y N

states who she was
lives

ARE YOU THINKING OF HURTING YOURSELF Y N

hesitant to say no

PLAN Y ☒ N

HAS ANYONE IN YOUR FAMILY ATTEMPTED OR COMMITTED SUICIDE ☒ Y N

ARE YOU TAKING ANY MEDICATION FOR EMOTIONAL OR MENTAL HEALTH PROBLEMS ☒ Y N

unknown

HAVE YOU EVER BEEN IN A HOSPITAL FOR EMOTIONAL OR MENTAL HEALTH PROBLEMS Y N

HAVE YOU BEEN TREATED FOR MENTAL ILLNESS Y N

DO YOU HAVE A CASE MANAGER ☒ Y N

Tavor ACTIS

ANY RECENT TRAVEL OUTSIDE OF THE UNITED STATES Y ☒ N

MEDICAL INSURANCE

unknown

FOLLOW UP

MH referral - PRN

INMATE SIGNATURE

[Signature]

MEDICAL SIGNATURE

[Signature]